SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Bayfield Co. Zoning Dept. MAY 272011

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Changes in plans must be approved by the Zoning Department. LAND USE Z SANITARY PRIVY CONDITIONAL USE	SE SPECIAL USE B.O.A. OTHER
Use Tax Statement for Legal Description 1/4 of Section 1/4 of Section 1/4 of Section	hip 48 North, Range 4 West. Town of Bonks dale
Gov't LotSubdivision	CSM# Acreage 1, Z b
Volume 895 Page 928 of Deeds Parcel I.D. DOZ	120 CELL:
Property Owner Jeanne A. Krizan	Contractor Richard Buehler (Phone) 715,209,602
Address of Property 31365 Sannes Road	Plumber
Washburn WI	Authorized Agent (Phone)
CELL 715.559.3156 (Home) (Work)	Written Authorization Attached: Yes ☐ No 🔯
ls your structure in a Shoreland Zone? Yes 🔀 No 🗍 If yes.	Distance from Shoreline: greater than 75' 🗷 75' to 40' 🔲 less than 40 🗍
Structure: New X Addition Existing Fair Market Value 35,000 Square Footage 832 USE: Eshimatel Coster Construction When Residence or Principal Structure (# of bedrooms)	Basement: Yes No Number of Stories 1 Sanitary: New N/A Existing Privy City Type of Septic/Sanitary System Number of Stories 1 Mobile Home (manufactured date)
	☐ Commercial Principal Building
Residence sq. ftPorch sq. ft Deck sq. ft Deck(2) sq. ft	☐ Commercial Principal Building Addition (explain)
☐ * Residence w/attached garage (# of bedrooms)	☐ Commercial Accessory Building Addition (explain)
Residence sq. ft. Garage sq. ft.	☐ Commercial Other (explain)
□ Residential Addition / Alteration (explain) (カャッタン (みんような) Mark Residential Accessory Building (explain)	☐ Special/Conditional Use (explain)
Residential Accessory Building Addition (explain) Residential Other (explain)	☐ External Improvements to Accessory Building (explain)
FAILURE TO OBTAIN A PERMIT $\underline{o}_{\!\!1}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN	TION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether the county in this information I (we) am (are) providing in or with this application. I (we)	ing any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I onsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether is this information. I (we) are fixed to a result of Rayfield County relying on this information I (we) are (are) providing in or with this application. I (we)

cept naministering unty ordinances ಕ have access to u access to the above described property at any reasonable time for the purpose of inspection. 05-

Owner or Authorized Agent (Signature) Address to send permit See Notice on Back Richard State Huy 112 Buehler) APPLICANT -Lonne PLEASE COMPLETE REVERSE SIDE Ashland WI 54806 ATTACH
Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed) Date

had petera	Mitigation Plan Required: Condition:	GOE BURNAUT	Reason for Denial:	Permit Issued: 7-7-11
Mr. Astruct Anc asular - Ores not make straining somed to the above the straining straining somed to the above the straining straining somed to the above the straining straining straining some above the straining st	のWorL 保好件 Mitigation Plan Required: Yes ロ No ゼ Condition:	Age Quechyt >13 town why be 1954	Swamp Grotatilo	
Signed Compactor		25000000		State Sanitary Number Permit Number 11-0195
7.1.d €-1-1 Date of Approval	Variance (B.O.A.) #	Date of Inspection 6.4.1	AS femeration by adular—Ambaus to le	Date

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President

Permit

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